



Blooming Tulips- Cruising Holland & Belgium

April 25- May 4, 2025

INSTRUCTIONS: Please complete the information and send to Jeanie's Journeys with your payment as soon as possible. One Registration Form per person is required to be confirmed on the tour. By submitting this registration form, you are agreeing to Jeanie's Journeys terms & conditions. See website for details. Tour is first come, first served!

PLEASE PRINT CLEARLY. FILL IN ALL BLANKS. If does not apply please enter N/A. Please fill out one form for each person.

Where did you hear about this tour? _____ Active or Retired Military: Yes___ No___

NAME: _____

As it Appears on Driver's License

First

Middle

Last

PREFERRED NAME for name tag: _____ BIRTHDAY: _____

needed to book airfare & Insurance

ADDRESS: _____

Street

City

State

Zip

CELL PHONE NUMBER: _____ HOME PHONE NUMBER: _____

EMAIL: _____ PASSPORT EXP DATE: _____

ROOMMATE NAME (if Applicable): _____

First

Last

OCCUPANCY:

Main Deck Panoramic Windows: \$3,998 Double____ \$4,919 Single____

Promenade Deck French Balcony: \$4,398 Double____ \$5,516 Single____

DEPOSIT: \$500 Per Person


FINAL PAYMENT DATE: February 3, 2025

SLEEPING ARRANGEMENTS: 1 BED:_____ 2 BEDS:_____ DOESN'T MATTER:_____

TRAVEL INSURANCE: I would like TRAVEL INSURANCE at DUE AT BOOKING Purchase anytime on our website

Main Deck: \$468 Double____ \$576 Single____ Promenade Deck: \$515 Double____ \$645 Single____

Travel insurance is Non-Refundable. Cancel for Medical Reason ONLY. If nothing is checked you will NOT be enrolled in insurance.

 I understand the tour difficulty rating described for this tour and am able to perform the level of activity indicated (Walking 3-5miles per day) and am fully capable of walking this distance WITHOUT assistance.
Initial to acknowledge this statement: _____

EMERGENCY CONTACT: Name _____ Relationship _____ Phone Number _____

Notes to Organizer (food allergies, handicap room, etc): _____

PAYMENT: (Check preferred): CHECK: _____ CREDIT CARD: _____ Total Amount Enclosed: _____

Name on Card: _____

Number: _____ Exp Date: _____ CVS three (or four if Am Ex) letter code: _____

For assistance with reservations call Jeanie at 612-229-5276 Or email

Jeanie at Jeanie@Jeanies-Journeys.com

Jeanie's Journeys P. O. Box 480042

Minneapolis, MN 55448

www.Jeanies-Journeys.com

Travelers Needing Special Assistance

Jeanie's Journeys cannot provide special individual assistance to tour members with special needs for walking, dining, airport assistance or other routine activities. Jeanie's Journeys will make reasonable efforts to accommodate the special needs of tour participants. However, you will be required to have a companion who is capable and totally responsible for providing assistance for you while traveling. You must report any disability requiring special assistance at time of sign up. See flyer for more details.